

**ARKANSAS INSURANCE DEPARTMENT  
1200 WEST 3<sup>RD</sup> STREET  
LITTLE ROCK, ARANSAS 72201  
PHONE 501-371-2750  
FAX-501-683-2604**

**ADDITION TO AGENCY LICENSE**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street or P.O. Box
City
State
Zip

Agency Contact Person: \_\_\_\_\_

Contact Persons Telephone Number: \_\_\_\_\_

Agency Tax ID #: \_\_\_\_\_

**ADDING A PRODUCER TO THE AGENCY LICENSE**

***Fees:***

*Resident agency---if adding for limited lines \$10.00, adding for life and health \$10.00, if adding for title \$10.00, if adding for property/casualty \$25.00. The total fee for adding an agent for life, health and property/casualty is \$25.00.*

*Non-resident Agency: all additions are \$30.00 Make checks payable to the Arkansas Insurance Department Trust Fund.*

**Please add the following producer(s) to the agency license.**

Producer's Name: \_\_\_\_\_

Producer's Social Security Number: \_\_\_\_\_

Producer's state of residence: \_\_\_\_\_

Add the Producer for the following lines of Insurance: \_\_\_\_\_

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Producer's Name: \_\_\_\_\_

Producer's Social Security Number: \_\_\_\_\_

Producer's state of residence: \_\_\_\_\_

Add the Producer for the following lines of Insurance: \_\_\_\_\_

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Producer's Name: \_\_\_\_\_

Producer's Social Security Number: \_\_\_\_\_

Producer's state of residence: \_\_\_\_\_

Add the Producer for the following lines of Insurance: \_\_\_\_\_

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Authorized Agency Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_